

TRANSCRIPT REQUEST



Date of Request _____

Mail Transcript to the following address:
(Please print complete mailing address clearly
to be used in window envelope)

OFFICE OF THE REGISTRAR
POST OFFICE BOX 8104 + 300 COLLEGE STREET, NORTHEAST
ORANGEBURG, SC 29117-0001 + (803) 536-7185

Fill out one request form for each address to which you are sending transcripts

Please Print Legibly.

Effective immediately, SC State University will no longer accept faxed transcript requests – all requests must be in writing with appropriate identification (current student identification, driver's license, Department of Motor Vehicles or military identification card) accompanying request.

First Term Entered SCSU _____ Term/Yr. Level: _____ Undergraduate _____ Graduate

Currently enroll at SCSU YES NO New Student in current term YES NO

If NO, Date last enrolled _____ Email Address _____

Social Security # or Campus Wide ID _____ Birth Date _____

Name _____
Last First Middle Maiden

Other Last Names _____

Address _____

City _____ State _____ ZIP _____ Telephone () _____

Number of Copies _____ \$10.00 Fee Required For Each Copy (undergraduate and graduate).

Purpose for transcript:

- | | | | |
|---|--|--------------------------------------|---|
| <input type="checkbox"/> Transferring to another School
Name of School _____ | <input type="checkbox"/> Certification | <input type="checkbox"/> Employment | <input type="checkbox"/> Organizational
Membership |
| <input type="checkbox"/> Military | <input type="checkbox"/> Graduate School | <input type="checkbox"/> Scholarship | <input type="checkbox"/> Other _____ |

Transcripts should be:

- | | |
|--|---|
| <input type="checkbox"/> Sent Now | <input type="checkbox"/> Held until incomplete grade cleared and posted _____
Course Prefix & Number |
| <input type="checkbox"/> Held for this term's grades | <input type="checkbox"/> Held until grade change processed
Course Prefix & Number |
| <input type="checkbox"/> Held for statement of degree? If yes,
Other _____
when do you plan to graduate

Expected Graduation Date | <input type="checkbox"/> |

Student's Signature _____

Date Sent _____

Cashier _____ Date _____

Receipt Number _____